

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2747

FILED JAN 26 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 489	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. LENGTH OF STAY (in this place) 19 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Children's Hosp				STREET ADDRESS 4001 No. 25th St			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) LEWIS		c. (Last) LYVERS		4. DATE OF DEATH (Month) (Day) (Year) 1-17-51	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 3-20-45	
9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? AMERICAN	
13a. FATHER'S NAME WILLIAM H. LYVERS		13b. MOTHER'S MAIDEN NAME BERTHA PROCKIE		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WILLIAM LYVERS, 4001 NORTH 25th ST.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cystic fibrosis of Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis DUE TO (c) Cardiac failure				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 1 yr 4 days	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —		21f. HOW DID INJURY OCCUR? 58% 2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 12-29, 1950, to 1-17, 1951, that I last saw the deceased alive on 1-17, 1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Wm. G. Klingberg MD		23b. ADDRESS 500 S. Kingshighway		23c. DATE SIGNED 1-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JAN 17 1951		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock, 2117 E. Grand Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Hong

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.